

Exhibit A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDCOUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052022272202

CERTIFICATE OF DEATH

3202219061163

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. MIDDLE -	
3. LAST (Family) SALGADO			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) WILLIAM RENE SALGADO MIRANDA		4. DATE OF BIRTH mm/dd/yyyy 11/09/1991	
5. AGE Yrs 30		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NICARAGUA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 11		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? If yes, see worksheet on back. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) NICARAGUAN		17. DATE OF DEATH mm/dd/yyyy 10/30/2022	
18. HOUR (24 Hour) 1825			
19. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER		20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, rold construction, employment agency, etc.) CONSTRUCTION	
21. YEARS IN OCCUPATION 6			
22. DECEDENT'S RESIDENCE (Street and number, or location) 6315 MALABAR STREET APT C			
23. CITY HUNTINGTON PARK		24. COUNTY/PROVINCE LOS ANGELES	
25. ZIP CODE 90255		26. YEARS IN COUNTY 16	
27. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP WILLIAM CASTILLO, FATHER		29. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6315 MALABAR STREET APT C, HUNTINGTON PARK, CA 90255	
30. NAME OF SURVIVING SPOUSE/SROP* - FIRST -		31. MIDDLE -	
32. LAST (BIRTH NAME) -			
33. NAME OF FATHER/PARENT - FIRST INOCENTE		34. MIDDLE -	
35. LAST SALGADO PERALTA		36. BIRTH STATE NICARAGUA	
37. NAME OF MOTHER/PARENT - FIRST JUANA		38. MIDDLE MARIA	
39. LAST (BIRTH NAME) MIRANDA JIMENEZ		40. BIRTH STATE NICARAGUA	
41. DISPOSITION DATE mm/dd/yyyy 11/30/2022		42. PLACE OF FINAL DISPOSITION RES OF JUANA M. MIRANDA JIMENEZ REPARTO 12 DE SEPTIEMBRE DEL COMEDOR GRANADINO 1 C. ARRIBA 75 VARAS AL NORTE, CHINANDEGA, NICARAGUA	
43. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		44. SIGNATURE OF EMBALMER KEITH D BROWN	
45. LICENSE NUMBER FD2158		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 11/29/2022			
101. PLACE OF DEATH ST. FRANCIS MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> S <input type="checkbox"/> DON <input type="checkbox"/> Home	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3630 E IMPERIAL HWY	
106. CITY LYNWOOD			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIPLE GUNSHOT WOUNDS Sequentially list conditions, if any, leading to cause on 107A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) NONE (C) THORACOTOMY 10/30/2022 (D) NONE		108. DEATH REPORTED TO CORONER? Time interval Between Death and Death (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RAPID 2022-11336 (B) 109. BODYS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (D) 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) THORACOTOMY 10/30/2022	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REGINA AUGUSTINE		117. LICENSE NUMBER 117	
118. DATE mm/dd/yyyy 11/28/2022		119. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 10/30/2022	
122. HOUR (24 Hour) 1740			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: COURTYARD		124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) SHOT BY OTHER(S), LAW ENFORCEMENT RELATED	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 6315 MALABAR ST, HUNTINGTON PARK, CA 90255		126. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE	
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